CLEARVIEW SOUTH 199 HOME RD

JUNEAU	53039	53039 Phone: (920) 386-3400			Ownership:	County		
Operated from	1/1 To 12/	31 Days of	Operation:	366	Highest Level License:	Skilled		
Operate in Con	junction wit	h Hospital?		No	Operate in Conjunction with CBRF?	No		
Number of Beds	Set Up and	Staffed (12	/31/04):	120	Title 18 (Medicare) Certified?	Yes		
Total Licensed	Bed Capacit	y (12/31/04)	:	120	Title 19 (Medicaid) Certified?	Yes		
Number of Resid	dents on 12/	31/04:		67	Average Daily Census:	81		

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (1	2/31/04)	Length of Stay (12/31/04)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	1.5
Supp. Home Care-Personal Care	No					1 - 4 Years	44.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.5	Under 65	20.9	More Than 4 Years	53.7
Day Services	No	Mental Illness (Org./Psy)	20.9	65 - 74	17.9		
Respite Care	No	Mental Illness (Other)	13.4	75 - 84	32.8		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	23.9	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.5	95 & Over	4.5	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.5			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)	
Other Meals	No	Cardiovascular	14.9	65 & Over	79.1		
Transportation	No	Cerebrovascular	14.9			RNs	11.5
Referral Service	No	Diabetes	7.5	Gender	왕	LPNs	14.4
Other Services	No	Respiratory	0.0			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	23.9	Male	37.3	Aides, & Orderlies	68.1
Mentally Ill	Yes			Female	62.7		
Provide Day Programming for			100.0				
Developmentally Disabled	Yes				100.0		

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	୍ଚ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	~~~~	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	60	96.8	119	0	0.0	0	5	100.0	215	0	0.0	0	0	0.0	0	65	97.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				2	3.2	150	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		62	100.0		0	0.0		5	100.0		0	0.0		0	0.0		67	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/04
Deaths During Reporting Period					% Needing		 Total
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		43.3	56.7	67
Other Nursing Homes	50.0	Dressing	6.0		76.1	17.9	67
Acute Care Hospitals	50.0	Transferring	17.9		49.3	32.8	67
Psych. HospMR/DD Facilities	0.0	Toilet Use	13.4		46.3	40.3	67
Rehabilitation Hospitals	0.0	Eating	40.3		43.3	16.4	67
Other Locations	0.0	******	******	*****	*******	* * * * * * * * * * * * * * * * * * * *	******
Total Number of Admissions	4	Continence		%	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	13.4	Receiving Resp	iratory Care	7.5
Private Home/No Home Health	9.8	Occ/Freq. Incontine	nt of Bladder	61.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	49.3	Receiving Suct	ioning	1.5
Other Nursing Homes	17.1				Receiving Osto	my Care	11.9
Acute Care Hospitals	4.9	Mobility			Receiving Tube	Feeding	4.5
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	7.5	Receiving Mech	anically Altered Diet	s 35.8
Rehabilitation Hospitals	0.0						
Other Locations	7.3	Skin Care			Other Resident C	haracteristics	
Deaths	61.0	With Pressure Sores		9.0	Have Advance D	irectives	85.1
Total Number of Discharges		With Rashes		1.5	Medications		
(Including Deaths)	41				Receiving Psyc	hoactive Drugs	74.6

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

*****************		Owne	ership:	Bed	********* Size:	Lic	ensure:		
	This		ernment		-199		lled	Al	
	Facility		Group		Group		Group		lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67.5	87.2	0.77	86.9	0.78	87.7	0.77	88.8	0.76
Current Residents from In-County	52.2	54.3	0.96	80.4	0.65	70.1	0.74	77.4	0.67
Admissions from In-County, Still Residing	25.0	25.2	0.99	23.2	1.08	21.3	1.17	19.4	1.29
Admissions/Average Daily Census	4.9	55.2	0.09	122.8	0.04	116.7	0.04	146.5	0.03
Discharges/Average Daily Census	50.6	59.6	0.85	125.2	0.40	117.9	0.43	148.0	0.34
Discharges To Private Residence/Average Daily Census	4.9	21.2	0.23	54.7	0.09	49.0	0.10	66.9	0.07
Residents Receiving Skilled Care	97.0	87.1	1.11	96.9	1.00	93.5	1.04	89.9	1.08
Residents Aged 65 and Older	79.1	87.7	0.90	92.2	0.86	92.7	0.85	87.9	0.90
Title 19 (Medicaid) Funded Residents	92.5	77.9	1.19	67.9	1.36	68.9	1.34	66.1	1.40
Private Pay Funded Residents	7.5	16.8	0.45	18.8	0.40	19.5	0.38	20.6	0.36
Developmentally Disabled Residents	1.5	0.5	3.19	0.6	2.38	0.5	3.03	6.0	0.25
Mentally Ill Residents	34.3	46.5	0.74	37.7	0.91	36.0	0.95	33.6	1.02
General Medical Service Residents	23.9	21.0	1.14	25.4	0.94	25.3	0.94	21.1	1.13
Impaired ADL (Mean)	59.4	44.6	1.33	49.7	1.20	48.1	1.23	49.4	1.20
Psychological Problems	74.6	66.5	1.12	62.2	1.20	61.7	1.21	57.7	1.29
Nursing Care Required (Mean)	9.0	8.7	1.03	7.5	1.20	7.2	1.24	7.4	1.21